

UNITED STATES DISTRICT COURT

DISTRICT OF OREGON

COBBLER NEVADA, LLC

Plaintiff(s),

v.

DOE-67.168.245.223, et al.

Defendant(s).

Case No.: 3:15-cv-01075-ST

**ORDER CONDITIONALLY
APPOINTING PRO BONO COUNSEL
FOR SPECIFIC PURPOSE**

_____/

The Court, on its own motion, hereby conditionally appoints David H. Madden as counsel of record for the purpose of advising and assisting defendant to resolve case.

Within 14 days of the date of this Order, the appointed attorney/law firm must file the Pro Bono Appointment Response Form with the Court with the appropriate option checked.

If representation is denied due to a conflict of interest or other specified reason, the appointment will be terminated and the Court may appoint substitute counsel.

For more information regarding pro bono forms, procedures, reimbursement of costs, or obtaining a pro bono civil rights mentor attorney, please refer to the Pro Bono Program Procedures document located on the Court's website or contact the Pro Bono Panel Administrator.

DATED this 7th day of January, 2016

/s/Janice M. Stewart

Honorable Janice M. Stewart
U.S. Magistrate Judge

Cobbler Nevada, LLC

**UNITED STATES DISTRICT COURT
DISTRICT OF OREGON**

COBBLER NEVADA, LLC
Plaintiff(s),

Case No.: 3:15-cv-01075-ST

v.

**PRO BONO APPOINTMENT
RESPONSE FORM**

DOE-67.168.245.223, et al.
Defendant(s).

_____/

In response to the Court's Order Appointing Pro Bono Counsel, I hereby certify that:

☐ Representation of Doe-67.168.245.223 for the purpose of advising and assisting defendant to resolve case is accepted. If appropriate, a Substitution of Counsel will be filed to designate the responsible attorney continuing as counsel of record.

☐ Termination of this appointment is requested based on the following conflict of interest:

☐ No conflict of interest exists. However, termination of this appointment is requested for the following reason(s):

DATED this _____ day of _____.

Signature

Printed Name and Oregon State Bar No.

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**NOTICE OF COMPLETION OF PRO
BONO APPOINTMENT (SPECIFIC
APPOINTMENTS ONLY)**

_____/

As counsel of record appointed to represent Doe-67.168.245.223 under the Pro Bono Program for the United States District Court, District of Oregon, I hereby certify that:

☐ Representation of for the specific purpose of advising and assisting defendant to resolve case has been completed; therefore, my representation under the Pro Bono Program is concluded and termination of the appointment is requested; or

☐ I accept full representation of and will remain as counsel of record for the duration of the case.

DATED this _____ day of _____.

Signature

Printed Name and Oregon State Bar No.